

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

Office Use Only

2017 JAN 19 AM 9:37

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CAMPUS RED PAC

ADDRESS (number and street)

6331 NE 20 WAY



Check if different  
than previously  
reported. (ACC)

FORT LAUDERDALE

FL

33308

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00620856

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

11

08

2016

in the  
State of

FL

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2016

through

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Code Marsh

Signature of Treasurer

Date

10

25

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

FEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Campus Red PAC

Report Covering the Period:

From:

MM ' DD ' YYYY  
10 ' 01 ' 2016

To:

MM ' DD ' YYYY  
10 ' 19 ' 2016

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

MM ' DD ' YYYY  
2016

MM ' DD ' YYYY  
0.00

(b) Cash on Hand at  
Beginning of Reporting Period.....

MM ' DD ' YYYY  
45,179.39

(c) Total Receipts (from Line 19).....

MM ' DD ' YYYY  
3,000.00

MM ' DD ' YYYY  
71,241.83

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

MM ' DD ' YYYY  
45,179.39

MM ' DD ' YYYY

7. Total Disbursements (from Line 31).....

MM ' DD ' YYYY  
12,136.00

MM ' DD ' YYYY  
35,198.44

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

MM ' DD ' YYYY  
33,043.39

MM ' DD ' YYYY

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

MM ' DD ' YYYY  
0.00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

MM ' DD ' YYYY  
0.00



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Campus Red PAC

Report Covering the Period:

From:

10 / 01 / 2016

To:

10 / 19 / 2016

## I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

3,000.00

0.00

3,000.00

0.00

0.00

3,000.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

3,000.00

3,000.00

67,590.00

0,000.00

67,590.00

1,000.00

2,550.00

71,140.00

0.00

0.00

0.00

0.00

0.00

0.00

1,018.33

0.00

0.00

0.00

0.00

71,241.83

71,241.83

NON-FEDERAL ACCOUNT

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:  
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)  
(i) Federal Share .....

6,068.00

17,599.22

- (ii) Non-Federal Share .....

6,068.00

17,599.22

- (b) Other Federal Operating Expenditures .....

0.00

0.00

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

12,136.00

35,198.44

22. Transfers to Affiliated/Other Party Committees .....

0.00

23. Contributions to Federal Candidates/Committees and Other Political Committees .....

0.00

24. Independent Expenditures (use Schedule E) .....

0.00

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....

0.00

26. Loan Repayments Made .....

0.00

27. Loans Made .....

0.00

28. Refunds of Contributions To:  
(a) Individuals/Persons Other Than Political Committees .....

0.00

- (b) Political Party Committees .....

0.00

- (c) Other Political Committees (such as PACs) .....

0.00

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....

0.00

29. Other Disbursements (Including Non-Federal Donations) .....

0.00

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share .....

0.00

- (ii) "Levin" Share .....

0.00

- (b) Federal Election Activity Paid Entirely With Federal Funds .....

0.00

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

0.00

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

12,136.00

35,198.44

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

6,068.00

17,599.22

NOT FOR INFORMATION

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3,000.00	71,140.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,000.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12,136.00	35,198.44
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12,136.00	35,198.44

2017-01-13 01:00:00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Campus Red PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pannill, Alice

Mailing Address

4 South Lake Trail

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

7,000.00

Date of Receipt

10 / 01 / 2016

Amount of Each Receipt this Period

2,000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. United In Purpose, Inc. (c4)

Mailing Address

2995 Woodside Rd. Suite 400

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

17,500.00

Date of Receipt

10 / 03 / 2016

Amount of Each Receipt this Period

2,500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stolley, Cathleen

Mailing Address

4101 NE 16 Terr

City

Oakland Park

State

FL

Zip Code

33334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

10 / 03 / 2016

Amount of Each Receipt this Period

1,000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2,800.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Campus Red PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alembik, Steven

Mailing Address

5584 Arbor Club Way

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

4,500.00

Date of Receipt

10 / 16 / 2016

Amount of Each Receipt this Period

2,000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2,000.00

TOTAL This Period (last page this line number only).....▶

3,000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶



**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

PAGE      OF  
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ►

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)			<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">C</div>		
<b>LENDING INSTITUTION (LENDER)</b> Full Name			Amount of Loan <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Interest Rate (APR) <div style="border: 1px solid black; width: 80%; height: 20px;"></div> %
Mailing Address			Date Incurred or Established <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">M M</div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">D D</div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; text-align: center;">Y Y Y Y Y Y</div>		
City State Zip Code					
Date Due			Date Due <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">M M</div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">D D</div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; text-align: center;">Y Y Y Y Y Y</div>		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">M M</div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">D D</div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; text-align: center;">Y Y Y Y Y Y</div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>					
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____					
What is the value of this collateral? <div style="border: 1px solid black; width: 150px; height: 20px;"></div>					
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____					
What is the estimated value? <div style="border: 1px solid black; width: 150px; height: 20px;"></div>					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____					
Date account established: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">M M</div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">D D</div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; text-align: center;">Y Y Y Y Y Y</div> Address: _____					
City, State, Zip: _____					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name _____ DATE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">M M</div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">D D</div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; text-align: center;">Y Y Y Y Y Y</div> Signature _____					
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____				DATE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">M M</div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-right: 5px;">D D</div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; text-align: center;">Y Y Y Y Y Y</div>	
Title _____					

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9

10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

NOT FOR FILING

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ C
-----------------------------	----------------------------------

Check if ☐ 24-hour report    ☐ 48-hour report    **>>>**    New report    Amends report filed on 



 / 



 /

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				<table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table> / <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table> / <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table>	
City	State	Zip Code		Amount	
Purpose of Expenditure			Category/Type	<table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table>	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				<table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table> / <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table> / <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table>	
City	State	Zip Code		Amount	
Purpose of Expenditure			Category/Type	<table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table>	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table>
(c) TOTAL Independent Expenditures .....	▶ <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align:middle;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_

Date

/ 



 /

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE	OF
FOR LINE 25 OF FORM 3X	

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)									
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				Full Name of Subordinate Committee					
				Mailing Address					
				City		State		ZIP Code	

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type	
Mailing Address									
City		State		Zip Code		Date			
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: District:		Amount	
Aggregate General Election Expenditure for this Candidate ▶									

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type	
Mailing Address									
City		State		Zip Code		Date			
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: District:		Amount	
Aggregate General Election Expenditure for this Candidate ▶									

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type	
Mailing Address									
City		State		Zip Code		Date			
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: District:		Amount	
Aggregate General Election Expenditure for this Candidate ▶									

SUBTOTAL of Expenditures This Page (optional).....▶									
TOTAL This Period (last page this line number only).....▶									

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Indicate ratio below**

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☒ Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

2016-01-01 11:00:00



# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 6  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

Chase, Corrie

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date 10/01/2016

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

125.00

125.00

250.00

B. Full Name (Last, First, Middle Initial)

Benton, Scott

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date 10/01/2016

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

125.00

125.00

250.00

C. Full Name (Last, First, Middle Initial)

Lockhart, Karis

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date 10/01/2016

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

375.00

375.00

750.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

625.00

625.00

1250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 2 OF 6  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

Slattery, Kaley

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☒ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date 10 / 01 / 2016

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/  
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

250.00

250.00

500.00

B. Full Name (Last, First, Middle Initial)

Davis, Charlotte

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☒ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date 10 / 01 / 2016

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/  
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

250.00

250.00

500.00

C. Full Name (Last, First, Middle Initial)

Teng, Destini

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☒ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date 10 / 01 / 2016

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/  
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

75.00

75.00

150.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page:

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

575.00

575.00

1150.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 3 OF 6  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

Martin, Kelcy

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

10 / 01 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

75.00

75.00

150.00

B. Full Name (Last, First, Middle Initial)

Marsh, Cade

☐ Memo Item

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

independent contractor

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

10 / 02 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1000.00

1000.00

2000.00

C. Full Name (Last, First, Middle Initial)

Cooley, Lauren, A.

☐ Memo Item

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Mailing Address

6331 NE 20 WAY

City

State

Zip Code

Ft. Lauderdale

FL

33308

Purpose of Disbursement:

independent contractor

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

10 / 02 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1000.00

1000.00

2000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2075.00

2075.00

4150.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 4 OF 6  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial) University of Central Florida			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4000 Central Florida Blvd.				Allocated Activity or Event Year-To-Date 63.00	
City Orlando	State FL	Zip Code 32816		Date 10 / 02 / 2016	
Purpose of Disbursement: FOIA request payment			Category/ Type	Date	
Activity or Event Identifier:					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
31.50			31.50		63.00

B. Full Name (Last, First, Middle Initial) Kernigan, Keith			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1220 NE 9 ct.				Allocated Activity or Event Year-To-Date 525.00	
City Pompano Beach	State FL	Zip Code 33060		Date 10 / 10 / 2016	
Purpose of Disbursement: independent contract			Category/ Type	Date	
Activity or Event Identifier:					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
262.50			262.50		525.00

C. Full Name (Last, First, Middle Initial) Willis, Matthew			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 101 Foreman Rd. Apt C87				Allocated Activity or Event Year-To-Date 190.00	
City Mobile	State AL	Zip Code 36608		Date	
Purpose of Disbursement: campus canvass deployment			Category/ Type	Date	
Activity or Event Identifier:					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
95.00			95.00		190.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
389.00		389.00		778.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 5 OF 6  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial) Borstock, Jacqueline		<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 18081 SE Country Club Dr			Allocated Activity or Event Year-To-Date 2,525.00	
City Jupiter	State FL	Zip Code 33469	Date 10 / 11 / 2016	
Purpose of Disbursement: independent contract		Category/ Type	Date	
Activity or Event Identifier:				

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1,262.50 + 1,262.50 = 2,525.00

B. Full Name (Last, First, Middle Initial) Monsalve, Elias		<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4224 SW 148 Pl			Allocated Activity or Event Year-To-Date 750.00	
City Miami	State FL	Zip Code 33185	Date 10 / 15 / 2016	
Purpose of Disbursement: independent contract		Category/ Type	Date	
Activity or Event Identifier:				

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

375.00 + 375.00 = 750.00

C. Full Name (Last, First, Middle Initial) Cantrell, Noel		<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4202 E Fowler Ave			Allocated Activity or Event Year-To-Date 1,000.00	
City Tampa	State FL	Zip Code 33620	Date 10 / 15 / 2016	
Purpose of Disbursement: independent contractor		Category/ Type	Date	
Activity or Event Identifier:				

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

500.00 + 500.00 = 1,000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2,137.50 + 2,137.50 = 4,275.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 6 OF 6  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Mailing Address

1220 NE 9 Ct

City

Pompano Beach

State

FL

Zip Code

33060

Purpose of Disbursement:

independent contract

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event Year-To-Date

1,058.00

Date

10

17

2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

266.50

266.50

533.00

B. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

266.50

266.50

533.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

6,068.00

6,068.00

12,136.00

# SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

### TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

2017-01-01 10:00:00

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/> Category/ Type	Date	
Purpose of Disbursement					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/> Category/ Type	Date	
Purpose of Disbursement					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/> Category/ Type	Date	
Purpose of Disbursement					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT

**TOTAL** This Period for the Levin Share

--



**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		
(For Column B, use cash as of January 1st)		
8. RECEIPTS .....		
(from Line 3)		
9. SUBTOTAL .....		
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		
(From Line 6)		
11. ENDING CASH ON HAND .....		
(Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

/  /

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

/  /

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

/  /

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

**D.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

/  /

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
 (check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>

SUBTOTAL of Disbursements This Page (optional).....▶

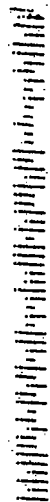
TOTAL This Period (last page this line number only).....▶

<input type="text"/>
<input type="text"/>

mpus Red PAC -  
31 NE 20 Way  
1. Lauderdale, FL 33308




Federal Elections Commission  
999 E Street NW  
Washington, DC 20463



2017 JAN 13 AM 2

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt 1/13/17
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	1/13/17 DATE PREPARED

(3/2015)

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